

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. **10722923**

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
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42	/					
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS	↓		↓		↓	

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51	/		/									
52	/		/									
53	/		/									
54	/		/									
55	/		/									
56	/		/									
57	/		/									
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98	/		/									
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TOTAL IND.	↓		↓		↓		↓		↓		↓	
TOTAL DEP.	↓		↓		↓		↓		↓		↓	
TOTAL CLAIMS	↓		↓		↓		↓		↓		↓	